DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

MEMORANDUM

DATE: **March 10, 2006**

FROM: Dean Mesterharm, Chief Information Officer
             Director, Office of Information Services

SUBJECT: Submission of Outstanding 4Rx Records to CMS

TO:

CMS is requesting your organizations immediate attention in submitting complete and accurate 4Rx information for beneficiaries that are enrolled in your plan. According to our records it has been determined that a number of 4Rx records have still not been submitted by your organization.   This is presenting significant issues for Pharmacies and Medicare Beneficiaries at the pharmacy counter. Due to this condition, when pharmacies perform an E1 query to the TrOOP Facilitator, the response they receive back does not contain mandatory elements such as the RxBIN and CardholderID which is needed for billing.

In order to assist your plan in reconciling the "gaps" in 4Rx records, CMS is providing your plan with a file for those enrollees which do not currently have 4Rx information stored in CMS files. The file layout CMS will use to inform your organization of incomplete 4Rx information will be in the CMS 4Rx Response File Format.   However, since Error Return Codes do not apply in this circumstance, these fields will be blank.

To distinguish the difference between this file and a standard 4Rx Response File, a Detail Record Type containing a value of "NRX" in positions 1 – 3 of the file layout will indicate that this record is a request for your organization to send CMS 4Rx information for the beneficiary.

The file containing this information will be transmitted to your plan using the same methodology that is used to transmit your 4Rx Response File. The naming convention is as follows: XXXXX = 5 Character Contract ID of sending entity.

Gentran:
P#MBD.#NORX.XXXXX.OUT.NTFCTN

Connnect:Direct (Mainframe): zzzzzzzz = Plan-provided high level qualifier
zzzzzzzz.P#MBD.#NORX.XXXXX.OUT.NTFCTN

Connect:Direct (Non-Mainframe):
\[directory]\P#MBD.#NORX.XXXXX.OUT.NTFCTN

Plans will be required to submit 4Rx "gap" information to CMS on these beneficiaries by March 20, 2006.

The 4Rx Response File Format has been attached to this letter for your reference. Should you have any questions regarding this request, please contact Lorraine Zicha at 410-786-0048 or by e-mail, lorraine.zicha@cms.hhs.gov. If you have questions regarding transmission of the files, please contact the MMA Help Desk.

Thank you.

Attachment